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H.R. 3016, Veterans Employment, Education, and Healthcare Improvement Act, as amended

FLOOR SITUATION

On Tuesday, February 9, 2016, the House will consider [H.R. 3016](#), the Veterans Employment, Education, and Healthcare Improvement Act, under suspension of the rules. The bill was introduced on July 9, 2015, by Rep. Brad Wenstrup (R-OH) and referred to the Committee on Veterans' Affairs, which ordered the bill reported, as amended, by unanimous consent, on December 1, 2015.

SUMMARY

H.R. 3016 includes several provisions to improve education and employment programs for veterans and the Department of Veterans Affairs' (VA) health care system.

Specifically, the bill would:

- make Doctors of Podiatric Medicine (podiatrists) equal to Doctors of Osteopathy and Medical Doctors within the VA in terms of pay, promotion, and leadership potential within the VA health care system and amend the VA's definition of "physician" to include podiatrists
- increase, from third to first, the priority for enrollment in the VA health care system given to Medal of Honor (MOH) recipients and exempt MOH recipients from having to pay co-payments for inpatient care, outpatient care, long-term care, and prescription medications;
- allow the VA to provide the newborn child of a female veteran who is receiving VA provided maternity care with post-delivery care services for 42 days after the child's birth if the veteran delivered the child in a VA facility or another facility with which VA has a contract for such services
- require the Government Accountability Office (GAO) to conduct periodic audits of the VA health care budget
- require the VA to conduct outreach to and establish a toll-free number for veterans with credit issues caused by a delayed payment of a claim for emergency hospital care, medical services, or other emergency health care furnished through a non-VA provider, report on the number of pending claims and VA's effectiveness in providing timely payment of proper invoices for emergency hospital care, medical services, or other emergency health care furnished through non-VA providers, and require GAO to conduct a study that evaluates the effectiveness of the

Chief Business Office in providing timely payment of a proper invoice for such care by the required payment date

- direct the VA to carry out a 5-year pilot program to assess the effectiveness of addressing veterans' post-traumatic stress disorder and post-deployment mental health issues through the therapeutic medium of service dog training and handling
- authorize the creation of the new Veterans Economic Opportunity and Transition Administration (VEOTA) at the VA
- make various improvements to the G.I. Bill program
- provide eligibility for the Post-9/11 GI Bill for servicemembers on certain military orders
- improve the processing of vocational rehabilitation and education benefits
- eliminate the current monetary cap for a VA-backed home loan
- make changes to protect small businesses that are owned and controlled by veterans
- authorize a new longitudinal study on outcomes of job training and placement programs for veterans

BACKGROUND

The VA estimates that the veteran population was 21.9 million as of September 30, 2014. The VA operates 1,203 VA outpatient sites, 300 Vet Centers, over 150 hospitals and medical centers, 131 national cemeteries, and 56 regional offices. There are 9.1 million veterans enrolled in the VA health care system.¹

Provisions from the following bills are included in H.R. 3016: [H.R. 272](#), [H.R. 356](#), [H.R. 423](#), [H.R. 475](#), [H.R. 476](#), [H.R. 643](#), [H.R. 832](#), [H.R. 1015](#), [H.R. 1141](#), [H.R. 1187](#), [H.R. 1862](#), [H.R. 2275](#), [H.R. 2344](#), [H.R. 2531](#)²

COST

The Congressional Budget Office (CBO) [estimates](#) that enacting H.R. 3016 would decrease direct spending by \$989 million over the 2016-2025 period. In total, CBO estimates that implementing the bill would cost \$210 million over the 2016-2020 period, assuming appropriation of the necessary amounts. Pay-as-you-go procedures apply because enacting the legislation would affect direct spending. Enacting the bill would not affect revenues. CBO estimates that enacting H.R. 3016 would not increase net direct spending or on-budget deficits in any of the four consecutive 10-year periods beginning in 2026.

STAFF CONTACT

For questions or further information please contact [Molly Newell](#) with the House Republican Policy Committee by email or at 2-1374.

¹ See VA document—“[Department of Veterans Affairs Statistics at a Glance](#),” June 30, 2015

² See [House Report 114-358](#) at 24.